



# PEC UPDATE

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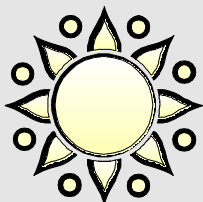
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## In the Literature.....

### Recent Guidelines and Consensus Statements

Several organizations have recently released guidelines, consensus statements, or special reports for the management of various disease states. The sponsoring organization(s) of each document is listed below along with the literature citation or other information on how to obtain the guidelines.

#### Agency for Health Care Policy and Research (AHCPR)

- ▶ Smoking Cessation Guideline Panel. Smoking Cessation, Clinical Practice Guideline Number 18. AHCPR Publication No. 96-0692. April 1996.
- ▶ Smoking Cessation Guideline Panel. Helping Smokers Quit: A Guide for Primary Care Clinicians, Quick Reference Guide Number 18. AHCPR Publication No. 96-0693. April 1996.
- ▶ Smoking Cessation Guideline Panel. Smoking Cessation: Information for Specialists, Quick Reference Guide for Smoking Cessation Specialists Number 18. AHCPR Publication No. 96-0964. April 1996.
- ▶ Smoking Cessation Guideline Panel. You Can Quit Smoking, Consumer Guide Number 18. AHCPR Publication No. 96-0695. April 1996.

These and other AHCPR Guidelines are available by writing or calling:

AHCPR Publications Clearinghouse  
P.O.Box 8547  
Silver Spring, MD 20907  
1-800-358-9295

Electronic versions of AHCPR guidelines and on-line ordering are available through the Internet at:

<http://www.ahcpr.gov/guide/>

American Academy of Pediatrics

- ▶ Provisional Committee on Quality Improvement, Subcommittee on Acute Gastroenteritis. Practice parameter: the management of acute gastro-enteritis in young children. *Pediatrics* 1996; 97:424-33.
- ▶ Committee on Infectious Diseases, American Academy of Pediatrics, Infectious Diseases and Immunization Committee, Canadian Paediatric Society. Meningococcal disease prevention and control strategies for practice-based physicians. *Pediatrics* 1996;97:404-11.

American Heart Association

Prystowsky EN, Benson DW, Fuster V, Hart RG, Kay GN, Myerburg RJ, et al. Management of patients with atrial fibrillation: a statement for healthcare professionals from the Subcommittee on Electrocardiography and Electrophysiology, American Heart Association. *Circulation* 1996;93:1262-77.

American Psychiatric Association

American Psychiatric Association. Practice guideline for psychiatric evaluation of adults. *Am J Psychiatry* 1995;152(11 Suppl):63-80.

The guideline (order no. 2304) is also available from the American Psychiatric Press, Inc. at 800-368-5777.

American Urological Association (AUA)

Middleton RG, Thompson IM, Austenfeld MS, Cooner WH, Correa RJ, Gibbons RP, et al. Prostate Cancer Clinical Guidelines Panel Summary report on the management of clinically localized prostate cancer. *J Urol* 1995;154:2144-8.

The full report is available from the AUA Health Policy Department at (410) 223-4310.

Patient information, "Patient's Guide to the Management of Localized Prostate Cancer," is available from the AUA at (410) 223-4367.

United States Public Health Service (USPHS) and Infectious Disease Society of America (IDSA)

Full version guidelines:

- ▶ Kaplan JE, Masur H, Holmes KK, McNeil MM, Schonberger LB, Navin TR, et al. USPHS/IDSA guidelines for the prevention of opportunistic infections in persons infected with human immunodeficiency virus: introduction. *Clin Infect Dis* 1995;21(Suppl 1):S1-S11.
- ▶ Kaplan JE, Masur H, Holmes KK, Wilfert CM, Sperling R, Baker SA, et al. USPHS/IDSA guidelines for the prevention of opportunistic infections in persons infected with human immunodeficiency virus: an overview. *Clin Infect Dis* 1995;21(Suppl 1):S12-31.
- ▶ USPHS/IDSA Prevention of Opportunistic Infections Working Group. USPHS/IDSA guidelines for the prevention of opportunistic infections in persons infected with human immunodeficiency virus: disease-specific recommendations. *Clin Infect Dis* 1995;21(Suppl 1):S32-43.

Guideline summary:

- ▶ Centers for Disease Control and Prevention. USPHS/IDSA guidelines for the prevention of opportunistic infections in persons infected with human immunodeficiency virus: a summary. *MMWR* 1995;44(RR-8):1-34.

Summary guidelines also published in:  
*Ann Intern Med* 1996;124:348-68.



## Hail and Farewell to PEC Staff Members


The PEC would like to introduce some new staff members and say farewell to others. COL Ken Brier, Air Force pharmacy representative, is retiring from the service. COL Brier has been with the PEC since August 1993. Additionally, LTC Steve

Finder, Army physician representative at the PEC, is leaving the service. LTC Finder has been at the PEC since October 1994. Finally, SFC Daniel Aponte, our Army pharmacy technician, is also retiring from the service. We wish COL Brier, LTC Finder, and SFC Aponte well in their future endeavors.

Stepping in to represent Air Force pharmacy at the PEC is MAJ Greg Russie. He recently served as Chief, Outpatient Pharmacy Services at Wilford Hall Medical Center and, prior to that assignment, was Chief of Pharmacy Services at Malmstrom Air Force Base and Reese Air Force Base. Additionally, Major Russie has prior service in the Army. During a break in service, Major Russie owned and operated an independent pharmacy in a rural community in Iowa. He recently concluded 2 years of study at The University of Texas at Austin and will receive a Masters of Science degree in Pharmacy Administration in August 1996. In his position at the PEC, Major Russie will serve as project manager for the Universal Pharmacy Patient Profile Business Process Initiative.

Additionally, we would like to welcome SSG Eddie Bermudez, who is replacing SFC Aponte. SSG Bermudez is temporarily assigned to the PEC until he leaves for Germany in August 1996.

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### ACP Program Update: Data Reporting

The new coordinator for the Ambulatory Care Pharmacist (ACP) program, Eugene Moore, Pharm.D., is now on board and is currently working with the Army ACPs to outline a plan for consistent data reporting at their facilities.

**Purpose of data reporting.** The DoD PEC is gathering intervention and economic impact data

from as many ACP sites as possible. The purpose of this data reporting is to *aggregate* the data to give us a monthly snapshot of the effectiveness of the ACP program. Ambulatory care pharmacists provide pharmaceutical care services which are of great value to the beneficiaries as well as the hospital command. The reported data serve to document the economic impact of the pharmaceutical care services provided.

**Recent figures received.** The DoD PEC received intervention data from two facilities during May 1996 reflecting interventions performed in April 1996. From these two sites, a total of 2200 interventions were reported resulting in estimated savings/cost avoidance of approximately \$47,000. The aggregated intervention and savings data show the benefit the DOD health system achieves with an ambulatory care pharmacist program.

### ACP Practice Spotlight:

#### Fort Sill, Oklahoma



Reynolds Army Community Hospital at Fort Sill, OK is the practice site for Jillmarie Yanchick, Pharm.D. Dr. Yanchick has been an ambulatory care pharmacist at Reynolds ACH for 2 years, and has implemented some interesting programs during her tenure at this MTF. Some highlights from her practice include:

- ▶ Implementation of a **pharmaceutical care services** program for ambulatory patients on the family practice service. She has a number of patients directly empaneled to her care.
- ▶ Implementation of two **training programs** to increase the pharmacy department's opportunity to provide pharmaceutical care.

Pharmacy technicians were trained and certified to operate in the inpatient pharmacy without the direct oversight of pharmacists. Pharmacists were trained and privileged to provide pharmaceutical care services in the hospital and clinics.

- Implementation of a **documentation system** using the CliniTrend™ software package to record and report interventions. Reynolds ACH is one of the largest CliniTrend™ customers with 10 packages installed. Dr. Yanchick is currently preparing a paper on how ACPs can accurately estimate MTF cost savings when using the CliniTrend™ package.

For further information on the programs implemented at Reynolds ACH, please contact Dr. Yanchick at DSN 866-2300, or COM (405) 458-2300.

## Dissemination of the PEC Update within MTFs

The PharmacoEconomic Center (PEC) mails or faxes the PEC Update directly to all Air Force, Army, and Navy medical treatment facility commanders and chiefs of pharmacy. Additionally, many individual health care professionals are on the PEC mailing list. However, we cannot distribute the PEC Update to every health care professional in the Department of Defense without the help of you, our current readers. We would encourage you to make copies of the PEC Update to distribute to your colleagues and/or staff members. For colleagues and/or staff members who have Internet access, the PEC Update can be downloaded from the PharmacoEconomic Center's Home Page on the World Wide Web at:

<http://www.ha.osd.mil/hppec2.html#Start>

## Request for Diabetes Information

The PEC is starting to review data and develop a pharmacoeconomic model for the treatment of non-insulin-dependent diabetes mellitus (NIDDM). To help us develop the most appropriate model, we would like to hear how practitioners in the field are managing NIDDM patients.

The PEC is interested in any treatment protocols for NIDDM management, results of drug usage evaluations of NIDDM therapy, data from NIDDM outcomes studies, innovative patient education programs or monitoring tools, or any other information related to the treatment of NIDDM that you are willing to share. If you have any questions, please contact LTC Rick Downs at the PEC at COM (210) 221-4311 or DSN 471-4311.

Pharmaceutical manufacturers should refer to the *Commerce Business Daily*, May 26, 1996, or the PEC Home Page on the World Wide Web at:

<http://www.ha.osd.mil/hppec2.html#Start>

## Pharmacoeconomic Center Staff Directory

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